



## **PDE-5 Inhibitors**

### **Sildenafil (Revatio®) Tadalafil (Adcirca®)**

#### **Prior Authorization Criteria for the TRICARE Pharmacy Program**

Sildenafil (under the brand name of Revatio), and tadalafil (under the brand name Adcirca) are specifically indicated for the treatment of PPH.

The following criteria were established by the DoD Pharmacy & Therapeutics (P&T) Committee for sildenafil (Revatio) or tadalafil (Adcirca) obtained through the TRICARE Mail Order Pharmacy (MOP) or retail network pharmacies. The prior authorization form for these agents is available on the [TRICARE Pharmacy Prior Authorization page](#). This prior authorization does not have an expiration date.

#### **Coverage IS provided for:**

- Sildenafil (Revatio) or tadalafil (Adcirca) for any patient with primary pulmonary hypertension.

#### **Coverage IS NOT provided for:**

- Any other condition

#### **Quantity Limits**

- Treatment of Pulmonary Arterial Hypertension, - Usual rules apply (90-day supply in the MOP or 30-day supply at retail network pharmacies, based on the directions for use on the prescription).
- Use of Multiple Pharmacy Points of Service – The amount of medication obtained by a patient from all Military Health System pharmacy points of service will be taken into account in the application of this quantity limit.

(Criteria approved July 2009 by the DoD Pharmacy & Therapeutics Committee, revised December 2009)

*Criteria approved through the Uniform Formulary decision-making process  
(August 2009).*

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